

BILL NELSON  
FLORIDA

United States Senate  
WASHINGTON, DC 20510-0905



**CONSENT FOR RELEASE OF INFORMATION**

The Privacy Act of 1974 requires that written consent be obtained from the constituent before information can be disclosed from a government agency's record. So that I can legally act on your behalf, please complete and sign the following statement and return it to me.

**Please Note: If you are inquiring on behalf of someone, that person must sign the release.**

Today's Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Prefix ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

**I hereby authorize Senator Nelson or his representative to make inquiries into my personal records and/or files and to obtain information about me pertaining to my request for assistance.**

Signature \_\_\_\_\_ For The Attention Of \_\_\_\_\_

***Please return to:***

Office of Senator Bill Nelson  
225 East Robinson Street, Suite 410  
Orlando, Florida 32801

Telephone: (407) 872-7161 • Fax: (407) 872-7165  
*Toll-free in Florida Only (888) 671-4091*

**Office Use Only**

Q: ☐ Yes ☐ No People # \_\_\_\_\_ Household \_\_\_\_\_

**PLEASE COMPLETE PAGE 2 OF THIS FORM**

Please complete the sections that apply to your case.

### Military or Veteran's Issues

Military ID/VA ID/Other ID Number \_\_\_\_\_

### Immigration Issues

Receipt Number \_\_\_\_\_ Alien Registration Number A - \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Type of Application Filed \_\_\_\_\_

### Social Security Administration Issues

Type of claim filed? \_\_\_\_\_

Initial Claim	Date Filed	_____	Pending	Approved	Denied
Reconsideration	Date Filed	_____	Pending	Approved	Denied
ALJ Hearing	Date Filed	_____	Pending	Approved	Denied
Appeals Council	Date Filed	_____	Pending	Approved	Denied

### Case Details

**Please briefly explain your problem.** (In writing, provide my office with a detailed account. Include any additional relevant correspondence that you have initiated or received concerning your problem.)

\_\_\_\_\_

\_\_\_\_\_

**Please state how you would like Senator Nelson to help you.**

\_\_\_\_\_

\_\_\_\_\_